

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	1					51				
2	1					52				
3	1					53				
4	1					54				
5	1					55				
6	1					56				
7	1					57				
8	1					58				
9	1					59				
10	1					60				
11	1					61				
12	1					62				
13	1					63				
14	1					64				
15	1					65				
16	1					66				
17	1					67				
18	1					68				
19	1					69				
20	1					70				
21	1					71				
22	1					72				
23	1					73				
24						74				
25						75				
26						76				
27						77				
28						78				
29						79				
30						80				
31						81				
32						82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep						Total Indep				
Total Depend						Total Depend				
Total Claims						Total Claims				